

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10836

Registration District No. 260

Primary Registration District No. 260 5383

Registrar's No.

1. PLACE OF DEATH:

(a) County. Douglas  
(b) City or town. Rural McMurtre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT 300  
FULL NAME Mary E. White

8. (b) If veteran, name war  
8. (c) Social Security No.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clinton White 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 1 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 7 Days 1 If less than one day  
hr. min.

9. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name David Keys

13. Birthplace Penn. (State or foreign country)

14. Maiden name Martha Hagen (State or foreign country)

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Nelson

(b) Address Evans, Mo.

17. (a) Burial (b) Date thereof 2 19 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans

18. (a) Signature of funeral director

(b) Address

19. (a) Mar. 26, 1940 (b) Mar. Edith Hapman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Evans Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
year 1940 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 18 to Feb. 18, 1940  
that I last saw him alive on Feb. 18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Due to Coronary Artery Disease  
Due to High Blood Pressure  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 3/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 440-954

Date Filed APR 5 1940

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 108367

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 280

Primary Registration District No. 5383

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town McMurtrey T.P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Mary E White

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex 7

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

7

1

h. min.

9. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

(City, town, or county)

(State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_

(Burial, cremation, or removal)

(b) Date thereof \_\_\_\_\_

(Month)

(Day)

(Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_

(Date received local registrar)

(b) \_\_\_\_\_

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 18  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency  
Due to atherosclerosis  
followed with cold  
blue  
grade bronchitis  
Other conditions Dec. 1939  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? at home  
(City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm  
(Specify type of place)  
While at work? yes (e) Means of injury fall on

23. Signature L. T. Vannoy (M. D. or other)  
Address Norman Mo. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENT

S-10836  
1940